

Ship Accommodation Area Hygiene Audit Form

Date of Audit

Auditor Name

Ship Name

Location

Area	Criteria	Status (Satisfactory/Unsatisfactory)	Remarks
Cabins	Cleanliness	<div></div>	<div></div>
Toilets/Bathrooms	Cleanliness, Supplies	<div></div>	<div></div>
Mess Room	Cleanliness, Tableware	<div></div>	<div></div>
Galley	Cleanliness, Equipment	<div></div>	<div></div>
Common Areas	Cleanliness	<div></div>	<div></div>
Laundry	Cleanliness, Functionality	<div></div>	<div></div>
Others		<div></div>	<div></div>

General Comments

Recommendations

Auditor Signature

Date